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| <b>FEE TRANSMITTAL</b><br><b>for FY 2004</b><br>Patent fees are subject to annual revision. | <b>Complete if Known</b> |                            |
|   | Application Number       | 09/936,403                 |
|   | Confirmation Number      | 3796                       |
|   | Filing Date              | September 11, 2001         |
|   | First Named Inventor     | Robin Gibson Hall          |
|   | Examiner Name            | J.R. Hardee                |
|   | Art Unit                 | 1751                       |
| TOTAL AMOUNT OF PAYMENT (\$770.00)  |                          | Attorney Docket No. CM2083 |

| <b>METHOD OF PAYMENT</b><br>1. [X] The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to:<br><br>Deposit Account Number: 16-2480<br>Deposit Account Name: The Procter & Gamble Company  |        | <b>FEE CALCULATION (continued)</b><br>3. ADDITIONAL FEES  |                          |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
|--|--------|---|--------------------------|--------------------------|--------------------------|-----------------|----------|------|-----|-----------------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|-------------------|--------------------------|---------------------------|--------------------------|------|-------|--|--------------------------|--------------------------|--------------------------|--|--------------------------|------------------------|--------------------------|---|--------------------------|-----------------------|-----|--|--------------------------|------|-----|--|--------------------------|------|------|--|--------------------------|----------------|----------|--|--------------------------|------------------------|--------------------------|--|--------------------------|------|-----|-----------------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|---------------------------------------|--------------------------|--------------------------|--------------------------|------|-------|---|--------------------------|--------------------------|--------------------------|----------------------------------|--------------------------|---|--------------------------|------------------------------------|--------------------------|-----------------------|-------|--------------------------------|--------------------------|------|-----|------------------|--------------------------|------|-----|-------------------------------|--------------------------|------|----|--|--------------------------|------|-----|--|--------------------------|------|-----|---|--------------------------|------|-----|--|--------------------------|------|-----|---|-------|------|-----|---|--------------------------|------|------|---|--------------------------|---------------------------|--|--|--------------------------|---------------------------|--|--|--------------------------|--------------|--|----------------------------|--|
| <b>FEE CALCULATION</b><br>1. BASIC FILING FEE - Large Entity   |        | <table border="1"> <thead> <tr> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>Surcharge-late filing fee or oath</td><td><input type="checkbox"/></td></tr> <tr><td>1052</td><td>50</td><td>Surcharge-late provisional filing fee or cover sheet</td><td><input type="checkbox"/></td></tr> <tr><td>1053</td><td>130</td><td>Non-English specification</td><td><input type="checkbox"/></td></tr> <tr><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td><input type="checkbox"/></td></tr> <tr><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>1251</td><td>110</td><td>Extension for reply within 1<sup>st</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1252</td><td>420</td><td>Extension for reply within 2<sup>nd</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1253</td><td>950</td><td>Extension for reply within 3<sup>rd</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1254</td><td>1,480</td><td>Extension for reply within 4<sup>th</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1255</td><td>2,010</td><td>Extension for reply within 5<sup>th</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1401</td><td>330</td><td>Notice of Appeal</td><td><input type="checkbox"/></td></tr> <tr><td>1402</td><td>330</td><td>Filing a brief in support of an appeal</td><td><input type="checkbox"/></td></tr> <tr><td>1403</td><td>290</td><td>Request for oral hearing</td><td><input type="checkbox"/></td></tr> <tr><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td><input type="checkbox"/></td></tr> <tr><td>1452</td><td>110</td><td>Petition to revive - unavoidable</td><td><input type="checkbox"/></td></tr> <tr><td>1453</td><td>1,330</td><td>Petition to revive - unintentional</td><td><input type="checkbox"/></td></tr> <tr><td>1501</td><td>1,330</td><td>Utility issue fee (or reissue)</td><td><input type="checkbox"/></td></tr> <tr><td>1502</td><td>480</td><td>Design issue fee</td><td><input type="checkbox"/></td></tr> <tr><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td><input type="checkbox"/></td></tr> <tr><td>1807</td><td>50</td><td>Processing fee under 37 C.F.R. 1.17(q)</td><td><input type="checkbox"/></td></tr> <tr><td>1806</td><td>180</td><td>Submission of Information Disclosure Statement</td><td><input type="checkbox"/></td></tr> <tr><td>1809</td><td>770</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td><input type="checkbox"/></td></tr> <tr><td>1810</td><td>770</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td><input type="checkbox"/></td></tr> <tr><td>1801</td><td>770</td><td>Request for Continued Examination (RCE)</td><td>[770]</td></tr> <tr><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td><input type="checkbox"/></td></tr> <tr><td>1454</td><td>1330</td><td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> <tr> <td colspan="2">SUBTOTAL (1)</td> <td colspan="2">SUBTOTAL (3) (\$ [770.00])</td> </tr> </tbody> </table> |                          | Code                     | (\$)                     | Fee Description | Fee Paid | 1051 | 130 | Surcharge-late filing fee or oath | <input type="checkbox"/> | 1052                     | 50                       | Surcharge-late provisional filing fee or cover sheet | <input type="checkbox"/> | 1053              | 130                      | Non-English specification | <input type="checkbox"/> | 1812 | 2,520 | For filing a request for <i>ex parte</i> reexamination | <input type="checkbox"/> | 1804                     | 920*                     | Requesting publication of SIR prior to Examiner's action | <input type="checkbox"/> | 1805                   | 1,840*                   | Requesting publication of SIR after Examiner's action | <input type="checkbox"/> | 1251                  | 110 | Extension for reply within 1 <sup>st</sup> month | <input type="checkbox"/> | 1252 | 420 | Extension for reply within 2 <sup>nd</sup> month   | <input type="checkbox"/> | 1253 | 950  | Extension for reply within 3 <sup>rd</sup> month | <input type="checkbox"/> | 1254           | 1,480    | Extension for reply within 4 <sup>th</sup> month | <input type="checkbox"/> | 1255                   | 2,010                    | Extension for reply within 5 <sup>th</sup> month | <input type="checkbox"/> | 1401 | 330 | Notice of Appeal                  | <input type="checkbox"/> | 1402                     | 330                      | Filing a brief in support of an appeal | <input type="checkbox"/> | 1403                                  | 290                      | Request for oral hearing | <input type="checkbox"/> | 1451 | 1,510 | Petition to institute a public use proceeding     | <input type="checkbox"/> | 1452                     | 110                      | Petition to revive - unavoidable | <input type="checkbox"/> | 1453  | 1,330                    | Petition to revive - unintentional | <input type="checkbox"/> | 1501                  | 1,330 | Utility issue fee (or reissue) | <input type="checkbox"/> | 1502 | 480 | Design issue fee | <input type="checkbox"/> | 1460 | 130 | Petitions to the Commissioner | <input type="checkbox"/> | 1807 | 50 | Processing fee under 37 C.F.R. 1.17(q) | <input type="checkbox"/> | 1806 | 180 | Submission of Information Disclosure Statement | <input type="checkbox"/> | 1809 | 770 | Filing a submission after final rejection (37 CFR § 1.129(a)) | <input type="checkbox"/> | 1810 | 770 | For each additional invention to be examined (37 CFR § 1.129(b)) | <input type="checkbox"/> | 1801 | 770 | Request for Continued Examination (RCE) | [770] | 1802 | 900 | Request for expedited examination of a design application | <input type="checkbox"/> | 1454 | 1330 | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | <input type="checkbox"/> | Other fee (specify) _____ |  |  | <input type="checkbox"/> | Other fee (specify) _____ |  |  | <input type="checkbox"/> | SUBTOTAL (1) |  | SUBTOTAL (3) (\$ [770.00]) |  |
| Code   | (\$)   | Fee Description   | Fee Paid                 |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| 1051   | 130    | Surcharge-late filing fee or oath   | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| 1052   | 50     | Surcharge-late provisional filing fee or cover sheet  | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| 1053   | 130    | Non-English specification   | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| 1812   | 2,520  | For filing a request for <i>ex parte</i> reexamination  | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| 1804   | 920*   | Requesting publication of SIR prior to Examiner's action  | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| 1805   | 1,840* | Requesting publication of SIR after Examiner's action   | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| 1251   | 110    | Extension for reply within 1 <sup>st</sup> month  | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| 1252   | 420    | Extension for reply within 2 <sup>nd</sup> month  | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| 1253   | 950    | Extension for reply within 3 <sup>rd</sup> month  | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| 1254   | 1,480  | Extension for reply within 4 <sup>th</sup> month  | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| 1255   | 2,010  | Extension for reply within 5 <sup>th</sup> month  | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| 1401   | 330    | Notice of Appeal  | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| 1402   | 330    | Filing a brief in support of an appeal  | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| 1403   | 290    | Request for oral hearing  | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| 1451   | 1,510  | Petition to institute a public use proceeding   | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| 1452   | 110    | Petition to revive - unavoidable  | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| 1453   | 1,330  | Petition to revive - unintentional  | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| 1501   | 1,330  | Utility issue fee (or reissue)  | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| 1502   | 480    | Design issue fee  | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| 1460   | 130    | Petitions to the Commissioner   | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| 1807   | 50     | Processing fee under 37 C.F.R. 1.17(q)  | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| 1806   | 180    | Submission of Information Disclosure Statement  | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| 1809   | 770    | Filing a submission after final rejection (37 CFR § 1.129(a))   | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| 1810   | 770    | For each additional invention to be examined (37 CFR § 1.129(b))  | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| 1801   | 770    | Request for Continued Examination (RCE)   | [770]                    |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| 1802   | 900    | Request for expedited examination of a design application   | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| 1454   | 1330   | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)   | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| Other fee (specify) _____  |        |   | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| Other fee (specify) _____  |        |   | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| SUBTOTAL (1)   |        | SUBTOTAL (3) (\$ [770.00])  |                          |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE - Large Entity   |        | * Reduced by Basic Filing Fee Paid  |                          |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| <table border="1"> <thead> <tr> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1001</td><td>770</td><td>Utility filing fee</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>1002</td><td>340</td><td>Design filing fee</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>1004</td><td>770</td><td>Reissue filing fee</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>1005</td><td>160</td><td>Provisional filing fee</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="6">SUBTOTAL (1) (\$ [ ])</td></tr> </tbody> </table> |        | Code  | (\$)                     | Fee Description          | Extra Claims             | Fee from Below  | Fee Paid | 1001 | 770 | Utility filing fee                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1002   | 340                      | Design filing fee | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | 1004 | 770   | Reissue filing fee                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1005   | 160                      | Provisional filing fee | <input type="checkbox"/> | <input type="checkbox"/>                              | <input type="checkbox"/> | SUBTOTAL (1) (\$ [ ]) |     |  |                          |      |     | <table border="1"> <thead> <tr> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>Claims in excess of 20</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>1201</td><td>86</td><td>Independent claims in excess of 3</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>1203</td><td>290</td><td>Multiple dependent claim, if not paid</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>1204</td><td>86</td><td>**Reissue independent claims over original patent</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>1205</td><td>18</td><td>**Reissue claims in excess of 20 &amp; over original patent</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="6">SUBTOTAL (2) (\$ [ ])</td></tr> </tbody> </table> |                          | Code | (\$) | Fee Description                                  | Extra Claims             | Fee from Below | Fee Paid | 1202   | 18                       | Claims in excess of 20 | <input type="checkbox"/> | <input type="checkbox"/>                         | <input type="checkbox"/> | 1201 | 86  | Independent claims in excess of 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1203                                   | 290                      | Multiple dependent claim, if not paid | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1204 | 86    | **Reissue independent claims over original patent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1205                             | 18                       | **Reissue claims in excess of 20 & over original patent | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | SUBTOTAL (2) (\$ [ ]) |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| Code   | (\$)   | Fee Description   | Extra Claims             | Fee from Below           | Fee Paid                 |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| 1001   | 770    | Utility filing fee  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| 1002   | 340    | Design filing fee   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| 1004   | 770    | Reissue filing fee  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| 1005   | 160    | Provisional filing fee  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| SUBTOTAL (1) (\$ [ ])  |        |   |                          |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| Code   | (\$)   | Fee Description   | Extra Claims             | Fee from Below           | Fee Paid                 |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| 1202   | 18     | Claims in excess of 20  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| 1201   | 86     | Independent claims in excess of 3   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| 1203   | 290    | Multiple dependent claim, if not paid   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| 1204   | 86     | **Reissue independent claims over original patent   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| 1205   | 18     | **Reissue claims in excess of 20 & over original patent   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |
| SUBTOTAL (2) (\$ [ ])  |        |   |                          |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |                        |                          |   |                          |                       |     |  |                          |      |     |  |                          |      |      |  |                          |                |          |  |                          |                        |                          |  |                          |      |     |                                   |                          |                          |                          |  |                          |                                       |                          |                          |                          |      |       |   |                          |                          |                          |                                  |                          |   |                          |                                    |                          |                       |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |              |  |                            |  |

|                   |                 |                          |                |
|-------------------|-----------------|--------------------------|----------------|
| SUBMITTED BY      |                 | Complete (if applicable) |                |
| Name (Print/Type) | Julia A. Glazer | Registration No.         | 41,783         |
| Signature         |                 | Telephone                | (513) 627-8150 |
|                   |                 | Date                     | April 22, 2004 |

This collection of information is required by 37 CFR 1.17. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time varies depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480.

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|---|--------------------------|----------------------------|
| <b>FEE TRANSMITTAL</b><br><b>for FY 2004</b><br>Patent fees are subject to annual revision. | <b>Complete if Known</b> |                            |
|   | Application Number       | 09/936,403                 |
|   | Confirmation Number      | 3796                       |
|   | Filing Date              | September 11, 2001         |
|   | First Named Inventor     | Robin Gibson Hall          |
|   | Examiner Name            | J.R. Hardee                |
|   | Art Unit                 | 1751                       |
| TOTAL AMOUNT OF PAYMENT (\$770.00)  |                          | Attorney Docket No. CM2083 |

| <b>METHOD OF PAYMENT</b><br>1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to:<br>Deposit Account Number: 16-2480<br>Deposit Account Name: The Procter & Gamble Company  |        | <b>FEE CALCULATION (continued)</b><br>3. ADDITIONAL FEES  |                          |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
|--|--------|---|--------------------------|--------------------------|--------------------------|-----------------|----------|------|-----|-----------------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|-----------------------------------|--------------------------|---------------------------|--------------------------|------|-------|--|--------------------------|--------------------------|--------------------------|--|--------------------------|---|--------------------------|---|--------------------------|--------------|-----|---|--------------------------|--------------------------|--------------------------|--|--------------------------|------|-------|--|--------------------------|------|-------|--|--------------------------|------|-------|--|--------------------------|------|-----|------------------|--------------------------|------|-----|--|--------------------------|------|-----|--------------------------|--------------------------|------|-------|---|--------------------------|------|-----|----------------------------------|--------------------------|------|-------|------------------------------------|--------------------------|------|-------|--------------------------------|--------------------------|------|-----|------------------|--------------------------|------|-----|-------------------------------|--------------------------|------|----|--|--------------------------|------|-----|--|--------------------------|------|-----|---|--------------------------|------|-----|--|--------------------------|------|-----|---|-------|------|-----|---|--------------------------|------|------|---|--------------------------|---------------------------|--|--|--------------------------|---------------------------|--|--|--------------------------|------------------------------------|--|--|------------------------|
| <b>FEE CALCULATION</b><br>1. BASIC FILING FEE - Large Entity   |        | <table border="1"> <thead> <tr> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>Surcharge-late filing fee or oath</td><td><input type="checkbox"/></td></tr> <tr><td>1052</td><td>50</td><td>Surcharge-late provisional filing fee or cover sheet</td><td><input type="checkbox"/></td></tr> <tr><td>1053</td><td>130</td><td>Non-English specification</td><td><input type="checkbox"/></td></tr> <tr><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td><input type="checkbox"/></td></tr> <tr><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>1251</td><td>110</td><td>Extension for reply within 1<sup>st</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1252</td><td>420</td><td>Extension for reply within 2<sup>nd</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1253</td><td>950</td><td>Extension for reply within 3<sup>rd</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1254</td><td>1,480</td><td>Extension for reply within 4<sup>th</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1255</td><td>2,010</td><td>Extension for reply within 5<sup>th</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1401</td><td>330</td><td>Notice of Appeal</td><td><input type="checkbox"/></td></tr> <tr><td>1402</td><td>330</td><td>Filing a brief in support of an appeal</td><td><input type="checkbox"/></td></tr> <tr><td>1403</td><td>290</td><td>Request for oral hearing</td><td><input type="checkbox"/></td></tr> <tr><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td><input type="checkbox"/></td></tr> <tr><td>1452</td><td>110</td><td>Petition to revive - unavoidable</td><td><input type="checkbox"/></td></tr> <tr><td>1453</td><td>1,330</td><td>Petition to revive - unintentional</td><td><input type="checkbox"/></td></tr> <tr><td>1501</td><td>1,330</td><td>Utility issue fee (or reissue)</td><td><input type="checkbox"/></td></tr> <tr><td>1502</td><td>480</td><td>Design issue fee</td><td><input type="checkbox"/></td></tr> <tr><td>1400</td><td>130</td><td>Petitions to the Commissioner</td><td><input type="checkbox"/></td></tr> <tr><td>1807</td><td>50</td><td>Processing fee under 37 C.F.R. 1.17(g)</td><td><input type="checkbox"/></td></tr> <tr><td>1806</td><td>180</td><td>Submission of Information Disclosure Statement</td><td><input type="checkbox"/></td></tr> <tr><td>1809</td><td>770</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td><input type="checkbox"/></td></tr> <tr><td>1810</td><td>770</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td><input type="checkbox"/></td></tr> <tr><td>1801</td><td>770</td><td>Request for Continued Examination (RCE)</td><td>[770]</td></tr> <tr><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td><input type="checkbox"/></td></tr> <tr><td>1454</td><td>1330</td><td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> <tr> <td colspan="3">* Reduced by Basic Filing Fee Paid</td> <td>SUBTOTAL(3) (\$770.00)</td> </tr> </tbody> </table> |                          | Code                     | (\$)                     | Fee Description | Fee Paid | 1051 | 130 | Surcharge-late filing fee or oath | <input type="checkbox"/> | 1052                     | 50                       | Surcharge-late provisional filing fee or cover sheet | <input type="checkbox"/> | 1053                              | 130                      | Non-English specification | <input type="checkbox"/> | 1812 | 2,520 | For filing a request for <i>ex parte</i> reexamination | <input type="checkbox"/> | 1804                     | 920*                     | Requesting publication of SIR prior to Examiner's action | <input type="checkbox"/> | 1805  | 1,840*                   | Requesting publication of SIR after Examiner's action | <input type="checkbox"/> | 1251         | 110 | Extension for reply within 1 <sup>st</sup> month        | <input type="checkbox"/> | 1252                     | 420                      | Extension for reply within 2 <sup>nd</sup> month | <input type="checkbox"/> | 1253 | 950   | Extension for reply within 3 <sup>rd</sup> month | <input type="checkbox"/> | 1254 | 1,480 | Extension for reply within 4 <sup>th</sup> month | <input type="checkbox"/> | 1255 | 2,010 | Extension for reply within 5 <sup>th</sup> month | <input type="checkbox"/> | 1401 | 330 | Notice of Appeal | <input type="checkbox"/> | 1402 | 330 | Filing a brief in support of an appeal | <input type="checkbox"/> | 1403 | 290 | Request for oral hearing | <input type="checkbox"/> | 1451 | 1,510 | Petition to institute a public use proceeding | <input type="checkbox"/> | 1452 | 110 | Petition to revive - unavoidable | <input type="checkbox"/> | 1453 | 1,330 | Petition to revive - unintentional | <input type="checkbox"/> | 1501 | 1,330 | Utility issue fee (or reissue) | <input type="checkbox"/> | 1502 | 480 | Design issue fee | <input type="checkbox"/> | 1400 | 130 | Petitions to the Commissioner | <input type="checkbox"/> | 1807 | 50 | Processing fee under 37 C.F.R. 1.17(g) | <input type="checkbox"/> | 1806 | 180 | Submission of Information Disclosure Statement | <input type="checkbox"/> | 1809 | 770 | Filing a submission after final rejection (37 CFR § 1.129(a)) | <input type="checkbox"/> | 1810 | 770 | For each additional invention to be examined (37 CFR § 1.129(b)) | <input type="checkbox"/> | 1801 | 770 | Request for Continued Examination (RCE) | [770] | 1802 | 900 | Request for expedited examination of a design application | <input type="checkbox"/> | 1454 | 1330 | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | <input type="checkbox"/> | Other fee (specify) _____ |  |  | <input type="checkbox"/> | Other fee (specify) _____ |  |  | <input type="checkbox"/> | * Reduced by Basic Filing Fee Paid |  |  | SUBTOTAL(3) (\$770.00) |
| Code   | (\$)   | Fee Description   | Fee Paid                 |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| 1051   | 130    | Surcharge-late filing fee or oath   | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| 1052   | 50     | Surcharge-late provisional filing fee or cover sheet  | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| 1053   | 130    | Non-English specification   | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| 1812   | 2,520  | For filing a request for <i>ex parte</i> reexamination  | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| 1804   | 920*   | Requesting publication of SIR prior to Examiner's action  | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| 1805   | 1,840* | Requesting publication of SIR after Examiner's action   | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| 1251   | 110    | Extension for reply within 1 <sup>st</sup> month  | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| 1252   | 420    | Extension for reply within 2 <sup>nd</sup> month  | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| 1253   | 950    | Extension for reply within 3 <sup>rd</sup> month  | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| 1254   | 1,480  | Extension for reply within 4 <sup>th</sup> month  | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| 1255   | 2,010  | Extension for reply within 5 <sup>th</sup> month  | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| 1401   | 330    | Notice of Appeal  | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| 1402   | 330    | Filing a brief in support of an appeal  | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| 1403   | 290    | Request for oral hearing  | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| 1451   | 1,510  | Petition to institute a public use proceeding   | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| 1452   | 110    | Petition to revive - unavoidable  | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| 1453   | 1,330  | Petition to revive - unintentional  | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| 1501   | 1,330  | Utility issue fee (or reissue)  | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| 1502   | 480    | Design issue fee  | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| 1400   | 130    | Petitions to the Commissioner   | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| 1807   | 50     | Processing fee under 37 C.F.R. 1.17(g)  | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| 1806   | 180    | Submission of Information Disclosure Statement  | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| 1809   | 770    | Filing a submission after final rejection (37 CFR § 1.129(a))   | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| 1810   | 770    | For each additional invention to be examined (37 CFR § 1.129(b))  | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| 1801   | 770    | Request for Continued Examination (RCE)   | [770]                    |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| 1802   | 900    | Request for expedited examination of a design application   | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| 1454   | 1330   | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)   | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| Other fee (specify) _____  |        |   | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| Other fee (specify) _____  |        |   | <input type="checkbox"/> |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| * Reduced by Basic Filing Fee Paid   |        |   | SUBTOTAL(3) (\$770.00)   |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE - Large Entity   |        |   |                          |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| <table border="1"> <thead> <tr> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1001</td><td>770</td><td>Utility filing fee</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>1002</td><td>340</td><td>Design filing fee</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>1004</td><td>770</td><td>Reissue filing fee</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>1005</td><td>160</td><td>Provisional filing fee</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="3">SUBTOTAL (1)</td> <td colspan="3">(\$0)</td> </tr> </tbody> </table>   |        | Code  | (\$)                     | Fee Description          | Extra Claims             | Fee from Below  | Fee Paid | 1001 | 770 | Utility filing fee                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1002   | 340                      | Design filing fee                 | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | 1004 | 770   | Reissue filing fee                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1005   | 160                      | Provisional filing fee                            | <input type="checkbox"/> | <input type="checkbox"/>                              | <input type="checkbox"/> | SUBTOTAL (1) |     |   | (\$0)                    |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| Code   | (\$)   | Fee Description   | Extra Claims             | Fee from Below           | Fee Paid                 |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| 1001   | 770    | Utility filing fee  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| 1002   | 340    | Design filing fee   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| 1004   | 770    | Reissue filing fee  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| 1005   | 160    | Provisional filing fee  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| SUBTOTAL (1)   |        |   | (\$0)                    |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| <table border="1"> <thead> <tr> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>Claims in excess of 20</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>1201</td><td>86</td><td>Independent claims in excess of 3</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>1203</td><td>290</td><td>Multiple dependent claim, if not paid</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>1204</td><td>86</td><td>**Reissue independent claims over original patent</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>1205</td><td>18</td><td>**Reissue claims in excess of 20 &amp; over original patent</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="3">SUBTOTAL (2)</td> <td colspan="3">(\$0)</td> </tr> </tbody> </table> |        | Code  | (\$)                     | Fee Description          | Extra Claims             | Fee from Below  | Fee Paid | 1202 | 18  | Claims in excess of 20            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1201   | 86                       | Independent claims in excess of 3 | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | 1203 | 290   | Multiple dependent claim, if not paid                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1204   | 86                       | **Reissue independent claims over original patent | <input type="checkbox"/> | <input type="checkbox"/>                              | <input type="checkbox"/> | 1205         | 18  | **Reissue claims in excess of 20 & over original patent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SUBTOTAL (2)                                     |                          |      | (\$0) |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| Code   | (\$)   | Fee Description   | Extra Claims             | Fee from Below           | Fee Paid                 |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| 1202   | 18     | Claims in excess of 20  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| 1201   | 86     | Independent claims in excess of 3   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| 1203   | 290    | Multiple dependent claim, if not paid   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| 1204   | 86     | **Reissue independent claims over original patent   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| 1205   | 18     | **Reissue claims in excess of 20 & over original patent   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |
| SUBTOTAL (2)   |        |   | (\$0)                    |                          |                          |                 |          |      |     |                                   |                          |                          |                          |  |                          |                                   |                          |                           |                          |      |       |  |                          |                          |                          |  |                          |   |                          |   |                          |              |     |   |                          |                          |                          |  |                          |      |       |  |                          |      |       |  |                          |      |       |  |                          |      |     |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |       |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                                    |  |  |                        |

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| <b>SUBMITTED BY</b><br>Name (Print/Type) <b>Julia A. Glazer</b> |  | Registration No. <b>41,783</b> | Complete (if applicable)<br>Telephone <b>(513) 627-8150</b> |  |
| Signature <i>Julia A. Glazer</i>                                |  | (Attorney/Agent)               | Date <b>Apr 12, 2004</b>                                    |  |

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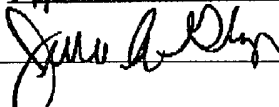
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